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APPLICANTS Alfred Fernandes, Tampa, FL, Deceased; Carol Fernandes, Collierville, TN, Legal Representative;				
** CONTINUING DATA ***** <i>none of</i>				
** FOREIGN APPLICATIONS ***** <i>none of</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 15
			INDEPENDENT CLAIMS 5	
ADDRESS 37902				
TITLE Lifetime solution for hip dysfunction				
FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	